

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) FREEDOM'S DEFENSE FUND		FEC IDENTIFICATION NUMBER ▼ C C00401786	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 02 / 05 / 2016	

Full Name of Payee CONSOLIDATED MAILING SERVICES		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 02 / 03 / 2016	
Mailing Address 504 SHAW RD SUITE 206		Amount 21151.75	
City STERLING	State VA	Zip Code 20166	Transaction ID : SE.39692
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 02 / 03 / 2016	
Name of Federal Candidate CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		126431.66	

Full Name of Payee DIRECT SUPPORT SERVICES INC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 02 / 03 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 401		Amount 44703.18	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.39689
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 02 / 03 / 2016	
Name of Federal Candidate CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		100725.75	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	65854.93
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 / 18 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) FREEDOM'S DEFENSE FUND		FEC IDENTIFICATION NUMBER ▼ C C00401786	
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		M M / D D / Y Y Y Y Y Y 02 / 05 / 2016	

Full Name of Payee DSSI		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 03 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 401		Amount 2106.88	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.39691
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 03 / 2016
Name of Federal Candidate CLINTON, HILLARY RODHAM, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		105279.91	

Full Name of Payee FORTHRIGHT STRATRGIES INC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 03 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 401		Amount 8550.00	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.39688
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 03 / 2016
Name of Federal Candidate CLINTON, HILLARY RODHAM, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		56022.57	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	10656.88
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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MACKENZIE, SCOTT B, ,

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		M M / D D / Y Y Y Y Y Y 02 / 05 / 2016	

Full Name of Payee LEGACY LIST MANAGEMENT INC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 03 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 401		Amount 2447.28	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.39690
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 03 / 2016	
Name of Federal Candidate CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 103173.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	2447.28
(b) SUBTOTAL of Unitemized Independent Expenditures ►	
(c) TOTAL Independent Expenditures..... ►	78959.09

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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Date

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10 / 18 / 2016

Signature